

**U.S. Department of Health and Human Services  
Health Resources and Services Administration**

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program  
Technical Assistance Coordinating Center's

**Webinar**

*"Addressing Benchmark Two-Child Maltreatment Data: Informed Consent, Data Sharing  
Agreements, and Defining Data Elements for Improvement"*

January 24, 2012

3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Panelists:

Jill Filene, PhD  
Susan Zaid, MA  
Lana Zikratova, MS  
Ying-Ying Yuan, PhD

Facilitator:

Holly Wilcher, MS

[Operator:] Ladies and gentlemen, thank you for standing by. Good day welcome to ZERO TO THREE's  
Addressing Benchmark to Child Maltreatment Data conference call. Today's conference is being  
recorded.

At this time, I would like to turn the call over to Mr. Pat McGraw. Please go ahead.

[Pat McGraw:] Okay thank you very much and welcome everybody, so glad to have you here today. We  
have a lot of information to lay upon you today so I'm going to be very brief in my comments.

My comments are at just really of the nature of how you're going to be able to ask questions  
today.

So some of you may have joined us on the telephone, some of you may have chosen to use the  
Internet option, Internet audio option I should say.

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In any case the way that you're going to ask your questions is through our chat interface. So that's going to be in the lower left corner of your interface. You can take a look down there now and you can see the public chat as well as the private.

And you'll notice down at the bottom of where public chat is actually disabled. So what we're going to do today is to use private chat to be able to send in our questions.

So the way you can do that is in the private chat you will go to the very first option at the top of the list that says Leaders and Assistants.

And you'll double-click on Leaders and Assistants to send in any questions that you have. And that could be questions about the experience that you're having technically or it could be questions about the content of today's session. So please use that for any questions.

We're not going to be responding to hand raises. And if you're on the telephone rest assured that you will be able to listen and your line will be muted so you won't have to worry about muting yourself on the telephone.

If you're on the computer by the way make sure your volume is adjusted. It probably needs to be adjusted upwards a little in most cases to a comfortable level to be able to hear the various speakers that we have for you today.

If you have a headset available that's the best result you're going to have on your PC if you're listening in through the Internet audio.

Okay so with those suggestions let me go ahead and turn the floor over to Holly Wilcher.

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[Holly Wilcher:] Thank you so much Pat. My name is Holly Wilcher and this webinar is hosted by the Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Coordinating Center, the TACC.

The TACC is brand-new and funded by HRSA and we - in partnership with Chapin Hall, AMCHP and WRMA.

The TACC is funded to provide many levels of TA support to Maternal, Infant, and Early Childhood Home Visitation grantees including webinars like this one.

Support from the TACC can be accessed through your HRSA regional project officer. And you'll also be hearing much more about the new resources available coming to you in the days ahead.

TACC is very pleased to host the first webinar of what will be many webinars for grantees and colleagues.

In fact, we'll be seeking your ideas on future topics through an electronic feedback form you'll receive in the next few weeks.

So thank you. We're glad you could join us today. And at this time I'd like to introduce Audrey Yowell, the Branch Chief Officer with the Policy Program Planning and Coordination Branch of the Health Resources and Services Administration. Audrey?

[Audrey Yowell:] Thank you.

[Holly Wilcher:] So please welcome.

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[Audrey Yowell:] We are very excited to be able to introduce our new Technical Assistance Center to you. And we welcome all of you to this Webinar.

We are aware that the benchmarks can be challenging as well as critical so you're documenting your success in the Maternal, Infant, and Early Childhood Home Visiting Program. So we are pleased that you're joining us today.

We are looking forward to working with you throughout the rest of the program and thanks. I'll turn it back to you.

[Holly Wilcher:] Thank you so much Audrey. At this time I'd like to turn it over to Jackie Counts. We'd like to give a warm welcome from HRSA. Jackie?

[Jackie Counts:] Good afternoon everyone. As Holly mentioned my name is Jackie Counts and I'm the HRSA Region 7 Project Officer for the Maternal, Infant, and Early Childhood Home Visiting Program and the Early Childhood Comprehensive Systems Grant.

In the updated state plans the grantees submitted in summer 2011 they proposed a plan for meeting the benchmark requirements specified in the legislation.

Grantees have spent the last several months refining improvement statements, comparison groups and time points, data collection processes and so on.

Today's presentation focuses on Benchmarks Two specifically child injuries, child abuse, neglect or maltreatment and reduction of emergency department visits.

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The webinar was informed by many of the questions and issues that have surfaced during technical assistance.

And in many of the benchmark plans grantees are partnering with child welfare agencies to obtain data to address the constructs under Benchmark Two.

So today the first presentation addresses many of the critical elements needed to initiate conversation, define what is needed, and to ensure a smooth transfer of data.

The second presentation discusses the National Child Abuse and Neglect Data System or NCANDS and its relevance to Benchmark Two.

We hope that you find the webinar informative and useful. But before we get started I'd like to thank our technical assistance providers ZERO TO THREE and DOHVE which stands for Designing Options for Maternal Infant and Early Childhood Home Visiting Evaluation, the NCANDS presenters and our colleagues at the Administration for Children and Families.

I'd like to thank them all for their time, expertise and willingness to partner to advance the work of home visiting within an early childhood system.

I'd also like to welcome the child welfare partners who are attending the call today. And with that I turn it over to Holly to discuss some housekeeping issues and begin the webinar. Thank you.

[Holly Wilcher:] Thanks Jackie. If you've just joined us just a couple housekeeping reminders, your phones are being muted for the duration of the presentation.

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However, if you have questions that come up throughout the webinar we encourage you to use the chat feature that Pat discussed earlier to post your question throughout.

Specifically if you have a specific question for a presenter, go ahead and put that presenter's name in there for the question.

So you'll be muted. And you can use the chat feature throughout to communicate with the presenters and the webinar moderators.

So at this time I'd like to take just a few minutes to introduce to you our presenters. Today we are delighted to be joined by a host of wonderful content experts in the area.

Joining us in a supporting role is Jill Filene. And Jill joined JBA Child Welfare Practice in 2004. She has more than a decade of experience in applied research programs, evaluation and technical assistance.

Her areas of expertise include home visiting, child maltreatment prevention, child development and implementation research.

She's currently working on several home visiting projects including the Design Options for Maternal Infant and Early Childhood Home Visitation, a DOHVE project, the Maternal, Infant, and Home Visiting Program evaluation and a meta-analytic review of components associated with home visiting programs.

Prior to joining JBA Ms. Filene worked as a research fellow for Centers for Disease Control and Prevention where she worked on replication studies and meta-analysis of parent training

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programs and provided evaluation technical assistance to state-wide effectiveness trials of evidence-based child maltreatment prevention programs.

And Jill again will be joining us today in a supporting role.

And next we have Ms. Susan Zaid. She's been providing technical assistance to the Maternal, Infant, and Early Childhood Home Visiting Programs as a part of the Dove Project Team since January 2011.

In addition she works on JBA's project to provide evaluation, technical assistance to agencies implementing demonstration projects funded by the Children's Bureau including a cluster of grantees implementing home visitation programs.

Susan has extensive experience in working with home visiting programs and is familiar with Texas and federal child welfare legislation and policy issues.

She also has experience in providing site-specific technical assistance to grantees as well as in creating site visits data collection protocol and conducting site visits and interviews as part of a state contract to evaluate and provide technical assistance to the state grantees.

Next we have Ms. Lana Zikratova. I hope I didn't massacre your name Lana. She's a Research Manager with more than 15 years of experience in the areas of child welfare, human services, child and family development.

She has more than ten years of professional experience in social science research and data management and has comprehensive knowledge of database, data warehousing technology and statistical software applications.

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Ms. Zikratova joined Walter R. McDonald & Associates in 2001. In her role as Associate Director of the National Child Abuse and Neglect Data Systems project she provides technical direction to the NCANDS technical team.

Lana is responsible for production of state child safety profiles to the Child Bureau for the Child and Family Services Review and program improvement plans for the production of state level and national statistics for child welfare outcomes report.

She also conducts analysis for the annual Child Maltreatment Report.

And last but not least but not least we have Dr. Ying-Ying Yuan who's joining us today as one of your presenters.

She's a Partner and Director of the National Program at the Walter R McDonald & Associates. Dr. Yuan has been the principal investigator of several multi-site, multi-year evaluations of children and family programs.

She's also conducted workload studies for public and private social services agencies. Her special focus has been conversion and interpretation of data to applicable information for program improvement, trend analysis, program planning, accountability, communications to legislatures, researchers, community agencies, stakeholders and clients.

She's currently the principal investigator on several projects concerned with improving child welfare policies practices including studies on the feasibility of creating a national registry of child abuse perpetrators.



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The comparison of differential response to investigative response is part of Child Protective Services and the outcome of recommendations from child death review panels and similar efforts to prevent unintentional injuries resulting in death.

Ying-Ying is a Principal Investigator for the technical team that works for states to provide data to the National Child Abuse and Neglect Data System.

This project produces annual maltreatment report to the federal government. So I'd like to just thank them all for being here today.

And with that being said I'm going to turn it over to our first presenter Ms. Susan Zaid who's going to start us off with her presentation. Susan?

[Susan Zaid]: All right, well hi everyone. Thanks for joining the webinar. And we'd like to start off today by being a little interactive and we've got two poll questions for you to answer.

So if you are viewing the webinar through iLinc connection there should be some polling questions coming up in just a moment. I can't see them from my end.

[Pat McGraw:] They should be there now.

[Susan Zaid:] Okay. All right so the first question is do you have a data sharing agreement already developed with your child welfare - with your state child welfare agency? And I'll just give you a few seconds to respond to that.

Okay. So Pat can you show us the results to that one?

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Okay so based on that of those that have responded we can see that 24% do have a data sharing agreement already developed with their state welfare agency and about 37% do not.

The next question, do you have a consent form that incorporates the protection of client rights?  
So Pat if you could put that up there?

And we'll just give you a few more seconds to answer that one.

Okay, Pat, can you show the results?

So almost 40% of you do have a consent form that reflects client rights. So thank you for completing those two questions. It helps them - helps us understand where you are in the process as we talk through these issues.

So now we'll begin the webinar. Holly if you can go to the next slide.

Okay so the first presentation today will be on data sharing agreements with child welfare and developing consent forms to capture the protection of client rights.

Next, so who are we? The DOHVE technical assistance team consists of three entities -- James Bell Associates, MDRC and Cincinnati Children's Hospital Medical Center.

And part of our role on the DOHVE project is to provide technical assistance to all MIECHV grantees around issues related to CQI, MIS Systems, Benchmark Measurement and Evaluation.

Next, the purpose of this segment of the webinar is to note some important considerations as you're thinking about developing data sharing agreements and consent forms so that clients give

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you permission to access data from a third party and also that they are completely aware of the process prior to consenting.

So after today's session we hope that you'll have an understanding of the importance of developing data sharing agreements, the key elements to be included in data sharing agreements, the importance of protection of client rights when developing consent forms and those key elements that should be included in consent forms as related to the collection of child welfare data.

Next, so let's start with why we develop data sharing agreements. It's important for both parties to agree upon a process for data sharing, identify who will do what, when, and how and address issues for how the data will be handled, transferred and stored by the entities involved.

And having a formal process in writing avoids miscommunication and misunderstanding for who's responsible for doing what and when.

And it helps to avoid surprises. Who wants to get a data set in a year and realize that it's completely unusable because of a miscommunication about what was expected and from whom.

And it also ensures that the process is less likely to break down. For example if your point of contact leaves the agency you don't want to have to start the process over with a new person.

Next, so let's start with the key elements to be included in a data sharing agreement with child welfare and note that these elements are also relevant when you're requesting data for any - from any third party.

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So while this presentation focuses specifically on the use of data sharing agreements and consent forms as related to accessing child welfare data many of these considerations apply to the collection of the administrative data from other third-party agencies like data that you may choose to collect for benchmark area six or even from - for other constructs under benchmark area two like hospital and ER data.

So the first key element you'll want to address in a data sharing agreement is you want to identify why you - identify why you need the data. You need to clearly state the reason for the data request.

Next slide, you'll also want to be clear about the parameters of data collection. You don't want an open-ended agreement for an indefinite period of time.

So the agreement should specify that the data requested will be for participating families during the time that they were involved in the program.

Now you want to be mindful of the variables the state child welfare agency collects. If they don't have a variable for first time victim status, for example, then you'll want to request the data from birth through the end of the participation in the program. And that way you can figure out the first time victim status.

Next, and next you'll want to identify clear points of contact within child welfare. And note that there might be multiple points of contact within the agency.

So the first step is to identify someone that will help you navigate through the system effectively and also recognize that there will likely be multiple points of contact for different things.

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So you might have a different point of contact for negotiating the terms of the agreement and someone else that you will be dealing with for the data transfer and so on.

But it's important to start identifying those contacts now and include those roles and responsibilities in the data sharing agreement.

Similarly, you'll want to identify your points of contacts within the MIECHV program. Who can be contacted if there's a question?

Next slide, you'll also want to clearly articulate the process. And this is probably the most crucial step.

You'll want to explicitly identify who will do what, when, and how. And you want to spell it out in a detailed and step-by-step process.

It's important to be clear about data definitions and avoid miscommunications through the different uses of terms.

Maybe the child welfare agency uses different terminologies than what you're used to within your agency.

So define what it is you mean by referral - a referred case - a substantiated case by a first time victim, for example.

And be clear about what variables are being requested. Know what the data will look like when you get it. Be specific about the types of variables you want.

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For example if you're asking for a date be clear whether you're talking about the - referring - the referral date, the report date, the disposition date, you know, for example.

And you'll also want to be sure that you state that you want case specific data, not aggregate data.

You'll definitely want to be sure you address issues related to security and identify how you will use the data, who will it be shared with and what will the data - will the data be shared aggregately or at a case level?

Next slide, so here I've included some suggested language that can go into a data sharing agreement just so you can get an idea of the level of detail that should be provided.

And it's important to note that the process will vary from state to state. This example is just to illustrate the important elements that could be identified in a given process.

And agreeing upon a process can be lengthy so start early. And another reason to start early is that you need to figure out whether the child welfare agency requires consent for data release. And if they do figure out what language needs to be included in the consent to ensure release of the correct data.

Next, so here's an example of the process delineating the key action steps based on the examples in the previous slide.

It identifies who, what, when, and how often. And again the details may vary from state to state but it's important to have the process spelled out.

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Next slide, next you'll want to identify who will have access to the data, for what purpose, how the data will be used, and how the data will be secured to ensure protection of client privacy.

For example, if you'll be transmitting the data via email you could encrypt the data. You could also store the data separate from other databases as an added layer of protection.

If stored on the server, there should be limited access to the database. Only those that need to see the data should have access to it. And you should agree to destroy the data by a certain period of time.

And again this can vary across agencies. And while the procedures for securing data may vary the important thing is that the state agency has articulated the procedures and that the child welfare agency is aware of how the data will be handled once they release it to your agency.

Next slide, so in summary data sharing agreements help ensure stable data collection processes, they articulate expectations for both parties, and they avoid surprises in what you get.

Including these elements in the agreement help ensure that you'll have the data that you need to address child maltreatment benchmark constructs.

Next slide, now moving on to consent forms so like above the first step is to determine if consent is necessary.

Whenever you click - collect data on participants from a third-party you want to be sure the participants are aware that you'll be collecting the data and that you have a signed consent form from them.

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So if you're collecting child maltreatment from a child welfare agency you'll want to look over your current consent form to be sure that it incorporates the protection of client rights as related to the collection of that data.

While child welfare data is not subject to HIPAA rules they can be used as a guide for protection of client information.

MIECHV grantees may have local IRBs or privacy boards which may be more conservative than the federal legislation requires.

So it's important for each state to follow what's required of them within their state. And I've listed to Web sites here that may be useful guides for protection of client information.

Next slide, so as a general rule the purpose of including the suggested elements we'll be talking about in the consent form is that you want all participants to receive a written summary of rights and responsibilities, to be able to consent that you have their permission to access information, and also that the client is aware of the circumstances the agency may be required to release confidential information like reporting of child abuse or neglect.

Next slide, so the HIPAA privacy rule protects all individually identifiable health information which includes the following list of individually identifiable elements. Again HIPAA may not be required for you but this may be a useful guide.

Next, now let's talk about some key elements that should be included in client consent forms that are intended to protect client rights.



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Your program consent forms should state that you'll be collecting individual level data from other service providers including child welfare agencies.

First, the consent form should include a section that identifies the type of data that may be collected, from whom, the purpose and how the data will or will not be used.

An example of suggested language is included on this slide. And this language will capture data that you'll be collecting for child welfare as well as data from other service providers that you may set up data sharing agreements with for other areas like benchmark area six.

Next slide, you'll also want to be sure you include a section in the client consent form about confidentiality and how program staff will ensure the protection of client privacy.

As you can see in this example of suggested language the client is being made fully aware of the data security measures being implemented by the agency to protect client privacy.

Confidentiality is addressed. The steps taken by the agency to protect privacy have been spelled out.

And while the actual steps will vary from agency to agency it's really a matter of selling them out so participants are aware of what they're consenting to.

Next slide, the consent form should have a section related to client rights explaining the voluntary nature of participation in the data collection.

This should be a completely voluntary process and clients should have the right to opt out of participation in the data collection.

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They should also be made aware that if they do choose to opt out it will not affect their participation in home visiting services.

They should also be provided with contact information in case they have any questions. Clients should also be made aware of the risks and benefits to participating in the data collection.

Next slide, so finally I listed some other ((inaudible)) that should be made when drafting. Considerations are ultimately to make the consent form as understandable and user-friendly as possible.

They include things like being sure the consent form is in a language and reading level of your program participants.

You'll want to be sure the document is also well formatted. You should use headings to break the document up into smaller sections to make it easier to view and understand.

Finally, it's important to keep in mind that a consent form is not a standalone document. You shouldn't just hand a participant a consent form and have them sign it.

They should not only take the time to read the consent form but the form should also be accompanied by a verbal explanation by a trained staff person who's been trained in how to present the consent form and its content.

Next slide, in summary it's important to include element - these elements that we just discussed in the consent form when you plan to access individual level data from child welfare or from any other third party to help ensure the protection of client rights.

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And I think we have some additional polling questions. Pat if you could pull those up?

So before moving on to the next presentation we'd like to go back and ask you a few more questions. First, if you already have a data sharing agreement in place with your state child welfare agency do you think you'll revisit the agreement based on what you've heard? We'll give you a few seconds to answer those questions.

All right Pat can you show us the results?

So 23% said that they would revisit their data sharing agreement of those that already have one and 8% will not.

And the next question.

Second, if you do not have a data sharing agreement in place with your child welfare agency do you think you'll develop one based on what you've heard today? So we'll give you a few seconds to answer this one.

Okay Pat can you show us the results? So of those that do not 26% will based on today's conversation and 2% will not.

Next question, and finally based on what you've heard today do you think you'll revisit your home visiting program's consent form to see if it captures the protection of client rights? We'll give you a few seconds.

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Okay 39% will and 7% will not. Well, thank you guys for making this interactive and Holly if we can advance to the next slide.

Okay so just before I turn it over to Ying-Ying Yuan I just want to share a few resources with you. The next two slides list previous webinars and resources that may be helpful to MIECHV grantees if you haven't seen them already.

So here's a list of recent webinars that DOHVE has participated in and they're available on the DOHVE Web site.

Next slide, And in addition to the previous Webinars the DOHVE TA team has created some resources and tools to support grantees. All these can be available on the DOHVE Web site listed on the bottom.

And there are some others that are not on the list that are currently under development and they'll be added to the Web site once they're released.

So after that, I will just for the presentation back to you Holly.

[Holly Wilcher:] Thank you so much, (Susan). I see we've been getting some really great questions via the chat feature at the bottom.

So we want to just encourage you to keep up the great interaction and continue to ask questions and we'll throw those questions out to our presenters during our question and answer portion of the webinar. So thank you so much for doing that.

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Now we're going to hear from Lana and Ying-Ying who will share information regarding data elements for child maltreatment constructs. Lana?

[Lana Zikratova:] Good afternoon. I'm Lana Zikratova. And I would like to remind you that you have a one-page handout and it's NCANDS data flow and key child maltreatment statistics for federal fiscal year 2010.

Our today's presentation has three main objectives. And I will provide you with a general overview of the NCANDS and Ying-Ying Yuan will present on specific data elements for the child maltreatment constructs.

And we'll discuss several important issues and critical steps in developing and measuring these constructs.

Next slide please, the next one.

The National Child Abuse and Neglect Data Systems known as NCANDS was established as a result of the CAPTA directives as a voluntary national reporting system from the State Child Protective Services.

The first report from NCANDS was based on data for calendar year 1990. A complete NCANDS data submission from each state consists of two files.

All 50 states, D.C. and Puerto Rico report case level data for all children who received an investigation or assessment by a public child welfare agency.

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This data submission is called the child. Case level data include demographic characteristics such as age, sex, and race of children, types of maltreatment, the dispositions or findings of the investigation, the risk factors of the child and the caregivers, services that provided and demographic characteristics of perpetrators.

States also submit additional data that are not reportable to the child specific level and are not from child welfare agency.

This data submission is called the Agency File. These are the aggregate counts and are collected from such supplemental agencies as medical examiner's offices, health departments and judiciary agencies.

Annual findings are reported in child maltreatment. The most recent report for federal fiscal year 2010 data which was released in December 2011 is the 21st annual publication.

[Pat McGraw:] And Lana, if I could break in for just a moment, I'm sorry everybody. We've got a few people that are having a little trouble hearing you.

If there's any way that you could get a little closer to the microphone or speak up a little bit that would be great. Thank you.

[Lana Zikratova:] Thank you. I will try. NCANDS technical team at Walter R McDonald & Associates collects, validates, and analyzes the annual data under contract with the Children's Bureau through the Department of Health and Human Services.

Next slide please, the next slide which you also have as a handout, shows a general flow of NCANDS data and some key data concepts such as referrals reports, children and services.

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I will briefly introduce them to you and then Ying-Ying will discuss them in more detail in relation to child maltreatment benchmark constructs.

Child Protective Services agencies use a two-stage process for handling allegations of child maltreatment, screening and response.

During the screening stage an initial identification called a referral that alleges child maltreatment is received by CPS. In most states referral can include more than one child.

Agency hotline or intake units conduct a screening process to determine whether the referral is appropriate for this investigation.

Referrals that do not meet agency criteria are screened out or diverted from CPS to other community agencies.

During the response stage CPS agencies conduct a response for all screened in referrals called reports. Reports often include multiple children.

And once a referral is screened in the assessment of safety and risk as well as the determination of services needs is made.

At the conclusion of an investigation a disposition is made as to whether or not a child was maltreated.

So a victim is defined as a child for whom the state determines that at least one maltreatment was found to be substantiated or indicated.

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The duplicate count of child victims counts a child each time he or she was found to be victim.

The unique count of child victims counts the child only once regardless of the number of times he or she was found to be victim during the reporting year.

States also provide data on services that children receive as result of CPS response within 90 days of completion of the response. CPS agencies provide services to children and their families both in their homes and in foster care.

Next slide please. Each state child welfare department has an NCANDS liaison, the person who is most knowledgeable about understanding the NCANDS report specifications and providing data to the federal government.

NCANDS state liaisons are key resources for any state or local initiative that intends to use child abuse and neglect maltreatment administrative data.

The names and contact information of NCANDS state liaisons are listed in the commentary section of annual Child Maltreatment Report.

Next slide please. The data collected by NCANDS are used for federal reports as well as for some federal performance measures.

And this slide provides you with some important links to the child welfare annual outcomes report to Congress and to the Child & Family Services review.



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NCANDS data are archived at the National Data Archives on Child Abuse and Neglect at the Cornell University.

NDACAN also licenses qualified researchers to use the NCANDS data in their work.

And now Ying-Ying Yuan will talk about developing child maltreatment benchmarks. Next slide please.

[Dr. Ying-Ying Yuan:] Thank you, Lana. Good afternoon everybody. As all of you know speaking on a webinar is a little bit disconcerting because we can't see you.

But we want to say that we're very happy to be able to give you a little bit more information about the child maltreatment constructs and explain a little bit from the perspective of the child welfare agency what are some of the issues that will be under discussion and dialogue between the grantees and the child welfare agencies.

I will talk this afternoon about three constructs. But two of them under this area, this benchmark area are not being discussed today. Just for clarification, one on injuries and the one on reduction of emergency room visits I believe is subject of a separate webinar.

So we are talking this afternoon about the three that are specific to the involvement of children with Child Protective Services at the local or state level.

And I will be using the overall flow that Lana introduced and then elaborating upon it so that you can understand some of the nuances behind the data that you will be requesting.

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I'd like to clarify that and then talk through, reiterate a little bit with what Susan spoke about, about the process of requesting, what are some of the issues that need to be covered and what are some of the solutions for situations where you run into problems or challenges or barriers and how might they be resolved.

Next slide please. The first construct under this benchmark area of child maltreatment is the issue of whether a child was reported to be suspected to have been maltreated.

In NCANDS these are called referrals. Some states call them reports. But all states know if you explain you are talking about the referrals that are made to an agency asking CPS to either investigate, assess, or determine whether a child has been maltreated.

Agencies receive hundreds of thousands of these referrals every year. The way they maintain the data may be something that needs to be clarified.

They certainly maintain it in terms of how many calls they get and who might be involved in that call so that they can refer it on for further action.

However, something to know is they may not know all the names of each - of all the children involved in that family.

And so that will have to be discussed because clearly a reporter may be calling up about having observed that Susie is outside and she's a 3-year-old and it's a cold day and she doesn't have a coat on.

But in that family there may be David and Brian may be sitting inside and they may also have not enough clothes or something. And the investigator will find that out.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

So one of the issues that we'll face this particular discussion is determining how much information they have on all the children who were part of that initial being considered to be suspected to have been maltreated.

It may be that they need to look in multiple parts of their system to confirm all the names of all the children.

Secondly, they will not know as much about families if they have been screened out. What that means is that the child welfare agency is not taking any further steps. They may refer the family or the caller to another agency.

So for example let's say somebody calls up and says they're very concerned because a child is coughing at school and they're not sure what this may be, whether this is tuberculosis or asthma or something else.

The child welfare agency might take further steps or might advise the caller to call the Public Health Services Department.

So it depends on what they do - what they decide. And then it depends on how much information they maintain on screened out referrals.

So this is something that you will have to talk through with the agency so in terms of the children that you're interested about.

Next slide please. Once a referral is accepted then as Lana and we saw on the other screen and as Lana mentioned we saw on the other screen referrals can be screened in.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

If they are screened in the agency has a lot of different - several options of what they will do.

They may conduct what they call an investigation.

These responses result in a determination of whether the child was maltreated or is at risk of maltreatment or was threatened with maltreatment or whatever okay?

A second branch of the response is that they may provide what may be called alternative response, family assessment response, diversified response or something else where they do not make a determination.

Therefore, if you are following up on Susie Roberts and you saw that Susie Roberts had been referred, had been reported as being suspected of having been maltreated had been screened in, the agency told you that she was screen in but they cannot report to you that she was substantiated, you will need to clarify whether she was unsubstantiated which was meant that she was found not to be a victim or if no assessment determination was made.

This may or may not be of interest to you but it will be important to at least understand what it means if they are not found to be substantiated.

You need to at least know that even if you're only reporting the number of children who were substantiated.

The other important thing to understand about the dispositions that an agency makes is that if they conduct an investigation there are several different dispositions and not all agencies uses the same terminology.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

So for example, there are states that do not use the terminology that any children or any reports were substantiated.

They may use terminology such as the maltreatment allegation was founded. They may say that allegation was indicated. They may use some other terminology.

So it will be important as you have these discussions that you explain what you mean so that they know what to map that to in terms of their classifications of dispositions.

In NCANDS the terminology is used that a child is a victim if certain dispositions in an agency are made.

So if an agency does not use the term substantiated but uses indicated only, then those children are counted as having been found to be victims.

But all child welfare agencies will be able to discuss this with you and will be able to answer your questions. It is more important perhaps that you understand what they're trying to communicate.

In terms of children who are found to be victims there will be the information which is requested of age in almost all cases.

However, you may already know age since if you have - if you collect that demographic. They will certainly know the types of maltreatment which were substantiated.

What is important to be sure that you are aware of is that not all allegations of maltreatment will be substantiated.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

In other words, if somebody called and said going back to Susie Roberts, that she was outside and it's a cold day the agency may decide that she was not neglected or that she was neglected determining based on the situation.

But they also may find that she was being physically abused even though the referral did not allege physical abuse.

The agency however, the child welfare agency, will however be able to report which types of maltreatment were founded or substantiated.

I don't think - but this may not be true. But I don't think in terms of reporting to HRSA that they are interested in any allegations which were not founded.

Next slide please. Could we have the next slide? Thank you.

So we have this concept of victim, okay? This means as we have said that a child was referred, the referral was screened in, an investigation was conducted and the allegation was founded or determined to be true or valid or whatever in other words substantiated.

A couple of things come to mind. First of all during the reporting period a child might have been referred more than once. They may have been screened in more than once, and they may have been found to be a victim more than once.

This will be something that you will need to work through with the TA providers and with your HRSA contacts and with the child welfare agency exactly how much detail you need.

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My understanding is that minimally you would need to be able to say that a child was referred one or more times during the period or was found to be a victim of substantiated maltreatment more than one or more times during the period under study. But this is something you need to confirm.

When we get to the concept of first-time victims I would like to just clarify a couple of things that was said before.

What does - what is meant by first saying that a child is a first-time victim? What is meant by this, and the child welfare agency knows, is that the report and the investigation and the findings that this child has been - maltreatment has been substantiated it's the first time known by an agency that the child was found to be a victim.

Now, there will be some children who had previously been found let's say before they participated in home visiting program to be victims and they obviously do not meet this criteria.

There will be other children who are not found to be victims. Then they don't meet this criteria. And then there's a third group of children who are found to be victims and this is the first time.

The agency may or may not have a specific data element. However, the agency can compute this for you once you come to the agreement.

I don't really think that it's going to be - it will be additional work for any grantee to start computing whether a child has been a first-time victim.

And it's not as simple a task as might be assumed. So definitely keep in mind that this is something you would like the child welfare agency to tell you.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

As you see from the summary of data that we provide most children who are reported -- and this of course especially true for young children -- most children are first-time victims.

Those of you who are concerned about how long it takes the child welfare agency to make this determination in general the period is around 30 to 45 to 60 days.

There are outlier cases but these are very unusual cases and would certainly be discussed with the agency.

Next slide please. Next slide please. So the good news, okay there's lots of good news here on these three constructs.

First of all the child welfare agencies are very familiar with these constructs. They would currently report them in NCANDS and that's why you received that little tutorial on NCANDS. So you might've been wondering about that, what's that about.

It's because the agencies already have developed these constructs with the Children's Bureau, discuss them a lot. I'm very familiar with them. But you need to get to the right person. And I'm coming back to this point again. You need to get to the right person in the agency who is familiar with this.

Okay so the - it's not bad news but the reality of it is that there are several steps to getting this information and how to go about it some of which has already been discussed under the section on data sharing and some of it which I'm going to elaborate upon now.



## **U.S. Department of Health and Human Services Health Resources and Services Administration**

I'm going to talk a little bit about some key issues as sort of a checklist to be sure of things you're doing. Then an outline of what might be your steps. And many of you are probably quite well along on these steps and will be able to congratulate yourselves.

And then for those of you who run into some challenges or unique circumstances we're going to give you a few ideas of solutions and then summarize this deck again for you and then give you some context for the future.

Next slide please. So the key underlying issues some of which were mentioned earlier by Susan is that it's very important to have a precise definition of what you are measuring and what you are computing or what you are anticipating that the child welfare agency will compute.

Sometimes the definitions as Susan mentioned are included in data sharing agreements. However, sometimes it becomes part of a much more technical document which becomes an appendix to this data sharing agreement and is not negotiated at the very first pass of the data sharing agreement.

Sometimes data sharing agreements stay at a relatively high level and but important one. And four classifications of data -- how are you going to use it, who is going to have access to it, what are your security measures, what ownership, who owns the data, how it will be returned or it will be destroyed, et cetera -- relatively high level things.

In the data specifications document whether that is part of the data sharing agreement or whether its appendix or whether it's a separate document in addition to the definitions there will be specifications as to the population, the time period and how you want the counts reported.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

The time period is an important consideration because it may not be the same for all children.

Obviously over the period of service under these grantees there was some children who will be this year some children who receive home visitation next year.

It is highly likely that each child will have a time period attached to that name for which you are interested in.

And that's why it's going to take some discussion and working through on how the data will be reported to you, how you will request the data, how you will receive the data from them, and what you will report to HRSA.

Because although the interest of HRSA is in terms of what is needed as a benchmark, the individual state agency or grantee may have other additional information needs for whatever reason. And it is going to be important to sort of consolidate those information needs.

The third area is of course what's called data aggregation and transformation. And that refers to not only how you will request it but then how they will give it back to you and so that's whether they will aggregate or they won't aggregate and then how do you will aggregate or you won't aggregate and then how the data have to be transformed.

There was earlier mention of encryption. Just to be clear when you are requesting the information from the child welfare agency it is unlikely that you will encrypt the name.

That means you will mask the true name and codify it in another way because then the agencies won't know who that is.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

And it's maybe unlikely that they will encrypt when they get it back to you unless you are just asking for the identified statistics.

And that's something which is worked out by HRSA whether the report back to HRSA could say of 25 children five were found to be referred to the CPS, two of which were investigated and found to be victims of maltreatment.

If that's the reporting then there is a transformation at one point from the information you received if the child welfare agency has given to you at the client level.

Next slide please. So I hope that we haven't lost you on those key issues which essentially by definition, specifications and then data formats.

In terms of the steps this is a recommended list of steps but obviously they would be tailored by each agency. Some may be iterative. Some may be relatively easy to address, some may happen more than once.

The first is the more familiar - you don't have to be an expert in child maltreatment and you're - and certainly nobody would expect you to.

But certainly the more that you understand the general framework of child maltreatment data the easier the conversations might be. And later we do suggest perhaps that you might need an interpreter, okay?

The second step that we recommend is that you locate the NCANDS state liaison because that's the person who will know the most details about what they can provide, how to provide it, et cetera.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

Prior to that however the request will probably go higher up in the agency since it might go from agency to agency, may need to go to the child welfare director or to CPS director.

But certainly the NCANDS liaison would be able to tell you specifically who you need to contact.

Then once - let's presume that you have an agreement, a data sharing general agreement between the two agencies and they have designated a technical person to work with your technical person on how to prepare the request and how to ensure that you receive the data you need.

That's the person you are most likely working with in terms of the key issues we talked about -- the definitions, the specifications and the formats in which the data would be submitted.

So already you could have two or three contacts but with the child welfare agency before you get to a actual working team.

Then you would review your definitions that you have drafted maybe in concert with them, maybe by yourself so that a consensus and agreement can be reached.

At that point you would refine the data request addressing any of the agency's concerns meaning the child welfare agency or your agency's concerns which have arisen as these specifications have got clearer.

Occasionally new issues pop up that nobody has thought about before. Let's say for example a highly unlikely situation is that a child dies during a - the families receiving home visitation.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

That particular case might raise other issues about sharing data, et cetera, et cetera. And I'm saying it would be a very unique circumstance but sometimes these things arise.

The next step is one that Susan alluded to and certainly my - really probably should move up very early in the game is whether your agency or another agency will require their IRB to approve your data request.

That usually can be found out relatively early. Sometimes you can be granted a waiver depending on what their request is. Sometimes you need to do a full approval. But that's a full package in order to receive approval.

Whether you - if you do not receive a waiver and you receive approval any changes that are made during let's say the next three years would need to result in a modification to the IRB approval. But usually it's not a difficult process.

Most IRB's approval process the actual period of approval is somewhere between one or two months but the preparation of that document especially if you have not worked with an IRB before can be a bit longer.

A critical step is to consider the first request and the first receipt of data as a pilot. You want to be sure that all means of communicating which is as Susan mentioned that before are in place for data security is in place. The actual data asked for is the data that's been received and that there's some way to ensure that it's accurate and that a mistake or misinterpretation has not occurred.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

To understand how best to validate information or put in quality assurance it's best to work with the agency, both agencies working together to see what they might do in the child welfare agency or what you might be doing meaning in general the health department.

Then once everything is worked out in general it will proceed in a very methodical and standard way once all the kinks are worked out and you'll be able to meet all your benchmarks and report to HRSA and everything should go smoothly.

Next slide please. However, as we all know sometimes things don't go so clearly or there is a problem.

We didn't want to, you know, list 50 problems that might be found with this benchmark area or any so we just mentioned a couple.

And what we're talking about here is the issue of the grantee obtaining data from another agency. These challenges and solutions apply probably to all agencies you will be working with whom you are asking to supply you with data.

One challenge is the lack of a common vocabulary. This is actually endemic in all our fields that we all use similar terms in different ways.

And therefore being over definitive, being overly detailed is just, just wonderful. You do not want to assume that just because you said a child that everybody understands what you're talking about, okay?

There may be nuances there are you actually meaning that you're counting not children but you're counting each occurrence so it's very important.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

Another more subtle issue is that there's a perception or reality that this is a burden upon the people who are providing you with data, okay?

The way the burden is relieved is by clarifying your specifications and potentially even providing additional resources if that's possible but also understanding what are some of the constraints of the donor agency of the data supplier.

So let's say you first say well we like to get data every month. And well maybe you don't really need data every month. Maybe you could get data once a year or maybe twice a year.

But you should be prepared to negotiate with the donor agency or the data supplier so that you can reduce the burden that they are facing because as you all know no state agency has extra people just sitting there waiting for data request.

There are also certain periods of the year at which it is very difficult for an agency to meet an additional request for data. And everybody will be able to talk to you about that.

Sometimes that's during budget time when the budgets and when the legislature is in place.

In states where they meet only every two years and they'll meet only for three months the child welfare agency can be heavily taxed in terms of what they have to produce.

And so to produce another report at that time at least in the first year or so may be very difficult.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

Secondly there could be a period which they have other reporting requirements which they must meet and which have penalties behind them, et cetera. And so that particular week or that particular month may not be a good one for them.

There may be a perceived lack of interest meaning that just somehow you can't get through, you can find the right person, you can't somehow come to resolution. You think you are at resolution but you can't somehow get there.

This is the time to think about if you were at the other side of the table and somebody was asking something extra from you. What would make it easier for you or you would be - or more amenable to participating?

Maybe it's just bringing food to a meeting or maybe it is talking about some reciprocity. We can do this for you which we know you've been needing for a long time if you do this for us.

All of those will be individual agreements. Maybe you can find the one person who is interested in doing it.

But certainly one has to recognize it isn't that they're not interested in the issue, it's not that they're not interested in the problems and the services that you're bringing that they may have other demands on their time.

So getting ready to summarize can I have the next slide please?

Some of these -- and so I'm just reiterating -- I think start early. So if you haven't started yet probably be hard to start early. So you might have to move onto the second bullet which is get help from somebody who's knowledgeable.



## **U.S. Department of Health and Human Services Health Resources and Services Administration**

If you yourself are totally confused you might want to find somebody who kind of understands a little bit about child abuse and neglect data just to make it easier upon yourself.

Be prepared for investing in the time to get to know the people and build relationships and have conversations.

Get the technical help from your IT specialist as well as their IT specialist and be able to review the data. That's all part of that pilot process.

Actually with that you may not be so dependent upon them. But no matter how simple it may seem whether we're talking about an Excel spreadsheet or something as we all know technology's main objective is to stay four steps in front of the user posing them new opportunities and new challenges.

So it's just best to confirm everything -- the platforms, the formats with your IT, their IT person to be sure no version changes occur in the middle somehow that this will make it more complicated.

And the last but not least is to keep notes of all the decisions, the discussions, and the definitions so that in a sense you will be building a memorandum of understanding which is somewhat of a less formal document but a memorandum of understanding of what you're asking for and what they're going to provide you and how it's going to be used, et cetera.

Next slide please. Do we have thank you. All the names of people on this slide are prepared to help the TA providers and the grantees in terms of their questions.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

The first four are representatives from the Children's Bureau in HHS. Some of the - two of them are on the data team and two of them are in the Office of Child Abuse and Neglect.

And I believe but you didn't hear it from me because she's on the call, Jean Nussbaum is the lead person if you have a question going into Children's Bureau, a message sent by somebody else.

Then Lana and I stand ready to support the Children's Bureau in terms of any technical issues or general issues based on our many years of experience with state child welfare departments.

So in conclusion both Lana and I and I'm sure the rest of the people on the webinar wish you a lot of luck and hope to reaffirm for you that this is all doable and that it can be worked out and we look forward to seeing the results. Thanks very much.

[Holly Wilcher:] Thank you so much Ying-Ying and Lana for sharing in that section. As you were presenting we had a slew of questions come in that we're trying to organize to best share with you so that we can - when we move into our question and answer portion which we will do in a few seconds we can get those to you in the most appropriate way.

So thank you again for all of your great interaction and participation through the chat forum.

And we have been like I said getting some questions throughout the presentation today. But we also received some questions during the registration and we'd like to speak to those briefly.

The first question was around data collection instruments which will be acceptable for this grant and in the resources provided on slide 28 of the DOHVE slide there is a reference to benchmark constructs crosswalk of the compendium of measures.

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The compendium includes a variety of measurement tools and shows you how they are aligned with the benchmark constructs.

And if you have any questions about specific constructs and appropriate tools please check with your regional project officer who can work with you and the technical assistance provider.

We also really received throughout the webinar today and during your registration you asked tribal related questions and those have been forwarded on to the right person. We want to let you know who will follow-up with a response to all tribal grantees.

And we also received a couple questions during the registration process which need a little bit more context on how to respond to those. So those have been passed on to the regional project officers as well.

And Susan just wanted to let you know that during your poll earlier we had a participant who said there should be in progress option there of her data agreement in progress.

So just wanted to let you know that the other peoples were also in progress and maybe this opportunity today has facilitated that process along its path.

So with those being addressed I think we're going to start with one of our first questions.

And the question comes from a participant who wants to know a little bit more if presenters can tell us about the concept of screened in and screened out, with which situations or data would children be screened in or screen out?

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

[Dr. Ying-Ying Yuan:] The question is about whether the definition is screened in screened out, is that right?

[Holly Wilcher:] I believe so yes.

[Dr. Ying-Ying Yuan:] Okay, screened in means that the child welfare agency has accepted the phone call usually to the hotline to take further action, screened out means that it was not under the purview of the child welfare agency.

[Holly Wilcher:] Great. Can you give us an example of maybe a situation or is that too intensive Ying-Ying?

[Dr. Ying-Ying Yuan:] No, no that's fine. I think I gave us a...

[Holly Wilcher:] Oh great.

Dr. Ying Ying Yuan: ...one before which may not have been a good one so let me try to give another one.

Let's say there's the first concept of screened out calls which used to be called poodle calls because they were about a dog racing around the neighborhood and the child welfare agency received it, okay? And so obviously that wasn't something of their concern, right?

There are other issues that may - that are related to children but may not be of their concern based on the report of the person calling.

So for example say let's say somebody calls up on the hotline and says my neighbor's teenagers are having a really wild party. I don't think the family is supervising them well enough.

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That call could be taken by child welfare or could, the child welfare agency could say depending on what's happening maybe you need to call the police.

In terms of young children let's say somebody for whatever reason, because we know that these people who make the calls, about 50% are professional reporters and they're most - higher percentage of those are taken. But about 50%, slightly less, are made by anybody in the general public.

So another very common type is that a person calls up and says I was at the mall and there was this woman on the escalator with her child and she was screaming at her child.

The child welfare agency has no ability to follow-up on that and would screen it out. Is that an - are those...

[Holly Wilcher:] Great.

[Dr. Ying-Ying Yuan:] ...kind of examples...

[Holly Wilcher:] I think that that's what the participant was asking specifically for Ying Ying so thank you for that. And I'm sure that she can follow-up with you in your email that you provided too if she wants further clarification for that. So thank you for that really descriptive answer. Thank you for your question too.

Okay then next question that we received is it might be a specific question, too specific, but are there any states that are challenged with statutory protections for child maltreatment data and steps that have been taken to change or circumvent laws?

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

[Dr. Ying Ying Yuan:] could you repeat that?

[Holly Wilcher:] Sure I could try again. Are there any states that are challenged with statutory protections for child maltreatment data and any steps they may have taken to change or circumvent law? I'm hope I'm...

[Dr. Ying-Ying Yuan:] Well...

[Holly Wilcher:] ...because...

[Dr. Ying-Ying Yuan:] ...I don't know anybody's circumventing laws.

[Holly Wilcher:] Okay.

[Dr. Ying-Ying Yuan:] I don't know...

[Holly Wilcher:] Okay.

[Dr. Ying-Ying Yuan:] I don't know those people.

[Holly Wilcher:] Okay.

[Dr. Ying-Ying Yuan:] But let's talk about that there are restrictions about with whom data can be shared and for what uses.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

Trauma treatment is a sensitive issue, sensitive in terms of the child and it's sensitive in terms of the parents, so it would not be surprising for example if in some states legal counsel gets involved in the data sharing agreement.

However because this is I believe between state department and state department, not between provider and state department that it's likely that much of this has been worked out before.

However if anybody is thinking that a local agency who provides home visitation will be requesting these data from a child welfare agency then, you know, people need to work through that whether a child welfare agency would give the data to a local nonprofit home visiting service provider.

[Holly Wilcher:] Okay thank you so much for that clarification Ying-Ying. And we'll go on to the next question since we still have time.

The next question is about - I think I can speak to this from what one of the presenters shared with me. Is there a data sharing agreement template that can be shared with participants for guidance and same question for consent with appropriate language?

And Jill just let me know, one of our presenters that Jill and Susan are working on their organization agency or working on finalizing a brief about data sharing and consent that will have some language that the states are looking for so to speak to the question about language.

Jill or Susan, did you want to say anything else about that?

(Susan Zaid): Right, so this is Susan. And because of the variability in what's required from state to state we don't have a template that will apply to everyone.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

But just as you said, we're working on an issue brief to outline those critical elements and important considerations. And so once that's released we'll make sure it gets out to everybody.

[Holly Wilcher:] Wonderful, thank you, Susan. And thank you for that question too participant.

The next question is around HIPAA. And the question is, is HIPAA covered data is it correct to understand that HIPAA data must be encrypted if sent outside of the agency?

And Ying-Ying, are you able to speak to that or Lana?

[Dr. Ying-Ying Yuan:] I think HIPAA was brought up by Susan.

[Holly Wilcher:] Okay Susan, sorry Susan.

[Dr. Ying-Ying Yuan:] But one second. Could I just answer that just briefly?

[Holly Wilcher:] Sure, certainly.

[Dr. Ying-Ying Yuan:] First of all it's not clear as Susan mentioned that HIPAA prevails on this especially if it's between one agency and another.

But secondly it's - a lot of those data elements are not going to be requested. So it's the issue about names.

But Susan may know more about this. We have not actually run into this HIPAA issue with agencies sharing limited amounts of data on the families.



## **U.S. Department of Health and Human Services Health Resources and Services Administration**

I'm not saying, you know, a lot of data but limited amount of data under these constructs we haven't yet run into it.

[Holly Wilcher:] Wonderful, thanks Ying-Ying.

[Dr. Ying-Ying Yuan:] ((inaudible)) to add.

[Susan Zaid:] And that is - that's my understanding as well. So while HIPAA will not necessarily prevail it - we used it is a guide.

[Dr. Ying-Ying Yuan:] Yes definitely. But it may not pose a big problem.

[Holly Wilcher:] Wonderful, wonderful. And thank you both for answering that question and adding to that.

The next question is we have a participant that asked would it be correct to say that we only want the data from when a child are - when a child is enrolled in the program?

[Dr. Ying-Ying Yuan:] I believe this is a policy question.

[Holly Wilcher:] Okay thanks for clarification. For policy questions we are going to collect all the policy related questions and give them thoughtful review and consideration. And a very comprehensive frequently asked questions document will be created and synthesized from question and answer and shared with all state grantees at said point after the webinar.

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

So any of those policy related questions that came in in the chat, thank you so much for those and they're definitely being collected and considered for thoughtful analysis and sharing with appropriate response with you at a future date.

Okay let's see if we have another question. I think we have a question here from a participant.

Our intent is to provide our family and children services with a list of our enrolled children. And we'll be getting back aggregate data, not family level data. Is there a requirement that we receive back data at the family level?

[Dr. Ying-Ying Yuan:] I think that's a policy clarification.

[Holly Wilcher:] Okay all right. Thank you for that question.

[Dr. Ying-Ying Yuan:] So that is - that's exactly the type of question people need to ask, what is the data...

[Holly Wilcher:] Okay.

[Dr. Ying-Ying Yuan:] ...that they receive it and then what they need to provide.

[Holly Wilcher:] Wonderful. And again your regional project officers will be getting that frequently asked questions document back to you after we synthesize all these - these wonderful policy related questions that you have. So thank you.

And I apologize that this next question is also policy related. The...

## **U.S. Department of Health and Human Services Health Resources and Services Administration**

[Jackie Counts:] This is Jackie. And I would just like to insert that first on the reporting we'll ask grantees to report on the aggregate level.

And so how you're defining the improvement statement and how you're defining the construct is something that you can address with your RPO and the technical assistance provider. But on the data reporting it is going to be on the aggregate level.

And I just would also like to reiterate that there are so many nuances of the child maltreatment data as you already know.

And because each state defines it differently there it's really not possible to address everything with a one size fits all policy statement on some of these things.

And so we invite you again to contact your RPO and technical assistance provider and we would be happy to facilitate some of these conversations.

And if you also think that you would like to have another conversation and maybe perhaps the format of an open mic or a smaller regional group also please let your RPO know that.

[Holly Wilcher:] Great, thank you so much Jackie for piping in there and sharing that. We don't want anybody to feel their questions won't be answered and certain - most certainly by the most appropriate person.

So we do appreciate all of these really relevant questions of both policy and content related nature.

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And it looks like I don't have any more questions coming up. And so we'll just go ahead and conclude this portion of the question and answer time together.

And thank you again so much for your very participatory asking of questions throughout the chat feature. We know the technology can be pretty challenging to master in a setting like this.

And just again for questions received today of more of a policy nature, regional project officers will have a distribution of those questions and share an FAQ after HRSA has had time for internal consideration and thoughtful review of those questions.

So we at this time just want to thank you so much for your participation and your engagement. And in one or two days we want to let you know that you will receive an email from someone named Africa Queen and it will be from aqueen@wrma.com with an opportunity to give us feedback on today's webinar.

And when you receive this email we so appreciate you taking just a couple minutes to complete a brief feedback form that answers questions about what worked well today and how we can better meet your webinar needs in the future and for you to give us an opportunity for you to identify some future distance learning opportunities that can interest you in the future.

So I just want to take the time to thank all the presenters for their countless hours spent preparing just relevant content on this topic Jill, Susan, Jackie, Ying-Ying, Lana.

I want to thank Pat McGraw for facilitating a wonderful distance learning platform today. And we want to thank you all for your great participation and wish you well in all of your endeavors related to this topic.

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And we just wanted to let you know too that PowerPoint presentations will be sent out immediately following the Webinar to our registration list.

And we will have the presentation audio recording and written transcripts archived on the MIECHV TACC Web site. And we will let you know with an email as soon as those are available as our Web site is coming soon. Thank you so much and have a great day everyone.

[Operator:] Once again, that does conclude today's conference. We'd like to thank everyone for their participation.